

MDR Tracking Number: M5-04-1634-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on January 16, 2004.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

The lumbosacral support, office visit, initial evaluation and the follow-up office visit **were found to be medically necessary**. All remaining services and procedures for dates of service 02/04/03 through 03/24/03 **were found not to be medically necessary**.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On March 30, 2004, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 19 days of the requestor's receipt of the Notice.

- CPT Code 99080-73 (3 units) for dates of service 02/04/03 through 03/20/03 denied as "V" and "U". The carrier denied the Work Status Report with a "V" or "U". The TWCC-73 is a required report and is not subject to an IRO review. The Medical Review Division has jurisdiction in this matter and, therefore, reimbursement in the amount of \$45.00 is recommended.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service **02/04/03 through 03/20/03** in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Decision and Order is hereby issued this 9th day of October 2004.

Marguerite Foster  
Medical Dispute Resolution Officer  
Medical Review Division

MF/mf

Enclosure: IRO Decision

**MEDICAL REVIEW OF TEXAS**  
**3402 Vanshire Drive                      Austin, Texas 78738**  
**Phone: 512-402-1400                      FAX: 512-402-1012**

**NOTICE OF INDEPENDENT REVIEW DETERMINATION**

TWCC Case Number:	
MDR Tracking Number:	M5-04-1634-01
Name of Patient:	
Name of URA/Payer:	Neuromuscular Institute of Texas
Name of Provider: (ER, Hospital, or Other Facility)	Neuromuscular Institute of Texas
Name of Physician: (Treating or Requesting)	Daniel Burdin, DC

March 26, 2004

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Michael S. Lifshen, MD  
Medical Director

cc: Rosalinda Lopez, Texas Workers Compensation Commission

#### CLINICAL HISTORY

Patient is a 39-year-old male custodian who was injured on \_\_\_\_ when he fell from a step-ladder onto his lower back while attempting to change a light bulb. After considerable conservative chiropractic, physical therapy (including a work hardening program), he obtained a change of treating doctor to a new doctor of chiropractic and began care with him in early 2003. Prior to that, he was rated a 10% whole-person impairment from a designated doctor on 02/19/02. He still had not returned to work at that time despite the considerable care to that point.

#### REQUESTED SERVICE(S)

Office visit, initial evaluation (99204), office visit, established (99213), physical performance tests (97750-MT), lumbosacral support (L0515), interactive psychiatric interview (90820), needle electromyography, 2 extremities (95861), "H" or "F" reflex study by electrodiagnostic testing (95935), nerve conduction velocity, motor (95900), and nerve conduction velocity, sensory (95904) for dates of service 02/04/03 through 03/24/03.

#### DECISION

The lumbosacral support (L0515), the office visit, initial evaluation (99204) for date of service 02/04/03, and the follow-up office visit (99213) for date of service 03/20/03 are approved.

All remaining services and procedures within the specified date range are denied.

#### RATIONALE/BASIS FOR DECISION

The treating doctor's daily record well documented that the patient's initial lumbosacral support had lost its elasticity to a point that it no longer rendered sufficient support to the patient's lumbosacral spine. As a result, it was reasonable to dispense a new one to assist the patient in his activities of daily living, as needed. Also, it was the reasonable standard of care to perform initial and status evaluations to properly manage the patient, so the two office visits were approved. However, since the daily record did not specifically document that spinal manipulation was performed on date of service 02/19/03, it was not medically necessary to perform a status evaluation on that date so soon after the more comprehensive initial evaluation was performed.

In terms of the extensive diagnostic testing, absent any specific, documented degradation in this patient, and based on the patient's history, poor response to care, and the results of previous tests, it was not medically necessary to perform the electrodiagnostic or physical performance testing that was ordered in this case. This is further supported by the fact that a designated doctor had already determined the patient to be at MMI a full 12 months previously. And finally, the daily treatment notes of 03/20/03 failed to justify the medical necessity of the psychiatric referral.